

ALABAMA DEPARTMENT OF REVENUE  
INDIVIDUAL & CORPORATE TAX DIVISION

P. O. Box 327444 • Montgomery, AL 36132-7444 • (334) 242-1000

**2003**

# Non-Resident Owners Composite Filing Tax Return


Calendar Year: \_\_\_\_\_, \_\_\_\_\_ or Tax Year: beginning \_\_\_\_\_, \_\_\_\_\_, ending \_\_\_\_\_, \_\_\_\_\_

NAME OF SUBCHAPTER K ENTITY \_\_\_\_\_

ADDRESS OF SUBCHAPTER K ENTITY \_\_\_\_\_


CITY _____		STATE _____	ZIP _____	FEIN OF SUBCHAPTER K ENTITY _____
FILING PERIOD <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year		TOTAL NUMBER OF OWNERS _____		NUMBER OF NON-RESIDENT OWNERS INCLUDED IN COMPOSITE FILING _____

1a. Amount of tax due from line 14, column F, Schedule 65CK1 for non-corporate non-resident owners . . . . .	<b>1a</b>	
b. Interest due for non-corporate non-resident owners . . . . .	<b>b</b>	
c. Penalty due for non-corporate non-resident owners . . . . .	<b>c</b>	
2a. Amount of tax due from line 14, column G, Schedule 65CK1 for corporate non-resident owners . . . . .	<b>2a</b>	
b. Interest due for corporate non-resident owners . . . . .	<b>b</b>	
c. Penalty due for corporate non-resident owners . . . . .	<b>c</b>	
3. Total tax, interest and penalty due from non-resident owners . . . . .	<b>3</b>	
4a. Overpayment from Form 65C for tax year 2002 . . . . .	<b>4a</b>	
b. Estimated tax payments . . . . .	<b>b</b>	
c. Composite payment made on behalf of this entity . . . . . Paid by _____ FEIN _____	<b>c</b>	
d. Capital Credit claimed . . . . . Capital Credit Project ID _____	<b>d</b>	
e. Total of all payments/credits (add lines 4a-4d and enter total here) . . . . .	<b>e</b>	
5. Amount to be remitted (subtract line 4e from line 3) . . . . .	<b>5</b>	
6. Amount to be credited to 2004 Form 65C . . . . .	<b>6</b>	

**Please Sign Here** 

☐ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.  
**UNDER PENALTIES OF PERJURY**, I declare that I have examined this return and accompanying schedules and statements and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

_____ Your Signature	_____ Title or Position	_____ Daytime Tel. No.	_____ Date
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**Paid Preparer's Use Only** 

_____ Preparer's signature	_____ Date	_____ Preparer's social security no.
_____ Firm's name (or yours, if self-employed) and address	_____ Daytime Tel. No. ( )	_____ E.I. No.
		_____ ZIP Code

Remit this form along with your check or money order payable to **Alabama Department of Revenue to:**

**Alabama Department of Revenue  
Partnership/Composite Payments  
P.O. Box 327444  
Montgomery, AL 36132-7444**

**DO NOT ATTACH TO FORM 65, THIS FORM *MUST* BE MAILED SEPARATELY.**

**Form 65C Replaces Alabama Form IT: E-3**

# Schedule 65CK1

## Alabama Department of Revenue

2003

(A) Non-Resident Shareholder's Name, Street Address, City, State, and ZIP		(B) Social Security Number	(C) FEIN	(D) Owner's Entity Type	(E) Owner's Share of Income		(F) Non-Corporation Owner's Share of Tax Due (Col. E X 5%)		(G) Corporate Owner's Share of Tax Due (Col. E X 6.5%)	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13 Totals from additional pages.....										
14F Add lines 1 through 13, column F and enter here and on line 1, page 1										
14G Add lines 1 through 13, column G and enter here and on line 2, page 1										

IF MORE THAN 12 NON-RESIDENT OWNERS, ATTACH ADDITIONAL SHEETS.